

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12803

State File No. ....

FILED MAR 20 1953		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 682
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves ? 4607		
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS (If rural, give location) 1502 Azalia Drive		
3. NAME OF DECEASED (Type or Print) Harry S. Flack		4. DATE OF DEATH (Month) (Day) (Year) 3-1-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 7-17-1869	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Retired - <u>Unfr.</u>		11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Samuel Flack		13b. MOTHER'S MAIDEN NAME Elizabeth Corey		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-120-2449		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Flack 1502 Azalia Drive
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis (b) Senility (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 1949, to 3-1, 1953 that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 1:05 Am., from the causes and on the date stated above.				
23a. SIGNATURE Ch. Denny		23b. ADDRESS Mrs. Creve Coeur, Mo		23c. DATE SIGNED 3-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial
24d. LOCATION (City, town, or county) Mo		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6409 Gravois Ave		
DATE REC'D BY LOCAL REG. 3-2-53		REGISTRAR'S SIGNATURE Herbert R. Denny		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
TE 43261 42361  
Dr. Denny Creve Coeur

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Law M. Symon*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St Louis Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.